

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000934

AMENDED

Registration District No. 99

Primary Registration District No.

Registrar's No. 69

STATE FILE NUMBER

FILED JAN 24 1962

## 1. PLACE OF DEATH

a. COUNTY

DEKALB

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

MAYSVILLE

Length of stay in 1b

3 wk.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

SUNSET NURSING HOME

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

DeKalb

admission)

c. CITY OR TOWN

R7D. 1 - Osborn.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)  
R7D. 1 - Osborn.

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

SARAH

ELIZABETH

JONES

4. DATE OF DEATH

Month

Day

Year

1

9

62

## 5. SEX

Female

## 6. COLOR OR RACE

CAU.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11-20-1877

## 9. AGE (last birthday)

84.

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

## 10b. KIND OF BUSINESS OR INDUSTRY

Self

## 11. BIRTHPLACE (City and state or country)

Osborn Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Simon Lawson

## 13b. MOTHER'S MAIDEN NAME

Sarah J. Blair

## 14. NAME OF HUSBAND OR WIFE

Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Wm Boye Osborn Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Carcinoma of breast

## DUE TO (c)

## INTERVAL BETWEEN ONSET AND DEATH

?

Few years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Dec 1961 to 1-9-62 and last saw her alive on 1-8-62

Death occurred at 3:30 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. A. Sweiger M.D.

## 22b. ADDRESS

Mayville Mo.

## 22c. DATE SIGNED

1-11-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-13-62

## 23c. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

## 23d. LOCATION (City, town, or county)

Osborn Mo

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Poland Funeral Home, Osborn Mo.

## 25. DATE REC'D BY LOCAL REG.

1-18-62

## 26. REGISTRAR'S SIGNATURE

Lertie E. Davidson

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert F. Poland

Licensed Embalmer No. 4777  
222 West 3th

P. O. Address Cameron, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.